

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH  
HEALTH REGULATION LICENSING ADMINISTRATION



## Board of Dentistry

### APPLICATION INSTRUCTIONS AND FORMS FOR A DENTAL HYGIENIST LICENSE ADMINISTRATION OF LOCAL ANESTHESIA & NITROUS OXIDE AUTHORIZATION IN THE DISTRICT OF COLUMBIA

Your interest in becoming licensed as a Dental Hygienist/authorized to Administer Local Anesthesia and Nitrous Oxide or Local Anesthesia or Nitrous Oxide in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a dental hygienist license/ the Administration of Local Anesthesia and Nitrous Oxide or Local Anesthesia or Nitrous Oxide authorization in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

#### THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Dentistry will review your application. The Board of Dentistry normally meets on the third Wednesday of each month. Upon final approval, you will be issued a license/authorization to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HRLA's processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

#### WHERE TO FILE

All documents should be sent to the following address:

Department of Health  
Health Regulation Licensing Administration  
Board of Dentistry  
P.O. Box 37801  
Washington, D.C. 20013

If you have any questions, call HRLA's **toll-free** Customer Service line at 1-877-258-9217 between 8:15 a.m. and 4:45 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be return in their entirety, including fees. Please print or type all information except signatures.

#### CERTIFICATION

Should be provided by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or any entity certified by the American Dental Association Continuing Education Recognition Program (CERP).

## EXAMINATIONS AND FILING DEADLINES

### Examinations

DC "Take Home" Law Exam - ALL applicants must pass an examination answer sheet on the rules and regulations governing the practice of dental hygiene in the District of Columbia. In order to expedite the processing of your license application, the Board of Dentistry has authorized a "take home" law examination.

The DC Dental Hygienist "Take Home" Law Exams are included in this application packet. Make sure you take the **correct exam** and complete the **correct answer sheet** for your license type. Submit your completed answer sheet with your license application.

National Board Exam - Dental Hygienist applicants must have successfully passed the National Board of Dental Hygiene Exam. An official copy of your exam results must accompany your license application or be forwarded directly to HRLA on behalf of the Board. To obtain exam scores contact:

Joint Commission on National Dental Examinations  
211 East Chicago Avenue  
Suite 1846  
Chicago, IL 60611  
(312) 440-2500

NERB Exam - You may contact NERB to apply for and schedule your exam while your license application is pending. All applicants must submit official North East Regional Board (NERB) examination results. Please contact NERB directly to make sure that your results are forwarded to the Board. Applicants may only rely on scores of exams taken within the ten (10) year period prior to the date of application.

The North East Regional Board of Dental Examiners (NERB) exam shall be offered at least five times per year during the months of September, November, February, April and July. These exams are for applicants who are applying for dental hygienist licenses and the administration of local anesthesia and nitrous oxide or local anesthesia or nitrous oxide authorization. NERB schedules candidates, administers examinations, scores examinations, and notifies candidates of examination results.

Examination fees are paid directly to NERB. For additional information, please contact:

North East Regional Board of Dental Examiners, Inc. 8484  
Georgia Ave.  
Suite 900  
Silver Spring, MD 20910  
(301) 563-3300

Or visit their website: [www.nerb.com](http://www.nerb.com)

### Filing Deadlines

There are no filing deadlines for submitting your application for a dental hygienist license in the District of Columbia.

### Pending Applications

Pending applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit and pay the required fee once again.

## GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a dental hygiene license and administration of local anesthesia & nitrous oxide or local anesthesia or nitrous oxide authorization in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

1. A complete and signed application, including payment and required supporting documents (see list on application form); and
2. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
3. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
4. Character Reference List - List (on a separate sheet of paper) of the names and addresses of three responsible persons (other than relatives, instructors, or employers) who have known you for at least one year and can attest to your character.
5. Official Transcript of Degree, indicating type of degree and date it was conferred on
6. Completed DC "Take Home" Law Exam Answer Sheet
7. Official National Board Exam Results
8. Official NERB Exam Results

All applicants licensed in another state/jurisdiction must also submit:

1. Certified Letters of Good Standing

All applicants applying via reciprocity must also submit:

1. Letter of Certification from reciprocal state

All applicants educated in Foreign Countries

- a. All Foreign applicants must have an American or Canadian dental hygiene degree for dental hygiene.

## COMPLETING THE LICENSE/ AUTHORIZATION APPLICATION

### Section 1. Requested License/ Authorization Type / Fees

- a. The methods for becoming licensed in the District of Columbia are outlined below. Check the correct origin code and description on page 1 in section one of your new license application.

Exam	Successful completion of the North East Regional Board of Dental Examiners (NERB) examination within the ten (10) year period prior to the date of submission of this license application and the National Board <b>Exam</b> .
Endorsement	If you are applying by Endorsement, you must submit a letter of certification signed by the appropriate official from the jurisdictions in which you are licensed and in good standing.

- b. The abbreviation (noted below) for the license type for which you are applying is listed in section 1 of the application. The corresponding license description is listed as the following:

License Abbreviation	License Description
HYG	Dental Hygienist
HYG-A/NO	Dental Hygienist- Local Anesthesia & Nitrous Oxide or Local Anesthesia or Nitrous Oxide

- c. Should you need to obtain additional copies of your license/ authorization to comply with laws and regulations pertaining to displaying your license/ authorization at each office where you conduct business, you may order duplicate licenses/ authorization (for \$34 fee each, etc.). Mark the "duplicate licenses/ authorization" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.
- d. You may pay the local anesthesia & nitrous oxide or local anesthesia or nitrous oxide application and authorization fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to D.C. Treasurer. and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The authorization fee portion of the payment is refundable in the event of final denial of an authorization or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure/ authorization. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund.

For your information, the application and license fee portions of each application method are listed below:

### FEE MATRIX

License Type	Application Method	Application Fee	License Fee	DC Take Home Law Exam	Total Due
HYG	Examination or Endorsement	\$85	\$134	\$26	\$245
HYG-A/NO	Examination or Endorsement	\$85	\$159	\$26	\$270

\*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

DC Dental Hygienist License/ Local Anesthesia & Nitrous Oxide Authorization expire on December 31 of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/authorization. Upon completion of the renewal questionnaire, submission of continuing education, and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HRLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to HRLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

## **Section 2.       Applicant Name / Demographic Information**

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age.

## **Section 3.       Supporting Documents Required**

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package **or** requested to be sent under separate cover to HRLA on behalf of the Board of Dentistry.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

## **Section 4.       Previous Names**

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

## **Sections 5A. & B.       Home Address / Business Address**

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

## **Section 5C.       Preferred Mailing Address**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing/authorization documents will be mailed.

## **Section 6A.       Professional Schools Attended**

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

**Dental Hygienist /Local Anesthesia and Nitrous Oxide Administration applicants** must have successfully completed an educational program in the practice of dental hygiene for at least two (2) academic years, and an accredited program recognized by CDDA & CERP. The dental hygienist applicant must:

- a. Submit an official transcript (with seal) from an institution that was accredited at the time the degree was conferred by the Commission on Dental Accreditation of the American Dental Association (ADA) as proof of successful completion of two academic years of schooling, and the Local Anesthesia and Nitrous Oxide Program. The official transcript must reflect the date of graduation and the type of degree and certificate that was conferred, and the certificate that was conferred. These documents may be sent directly from the school; but it is preferred that the transcript accompany the application in a sealed envelope.

#### **Section 6B. Postgraduate Experience**

List all experience since graduation from or dental hygiene/professional school in reverse chronological order, beginning with the most recent at the top.

#### **Section 6C. Professional Licenses in Other States / Jurisdictions**

List all states and jurisdictions in which you have ever held a similar professional license.

If you are applying by endorsement, you must submit a letter of certification signed by the appropriate official from the jurisdictions in which you are licensed and in good standing.

#### **Section 7. Screening Questions**

If you answer "no" to question A or "yes" to questions B through J, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

#### **Section 8. Licensee Affidavit**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

#### **ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HRLA's website at [doh.dc.gov](http://doh.dc.gov) or call HRLA's Customer Service number at 1-877-258-9217. The form numbers that make up this package are:

Dentist, New License Application  
Chapter 40 Municipal Health Occupations General Rules Regulations  
Chapter 41 Municipal Health Occupations Administrative Procedures Regulations  
Chapter 43 Dental Hygienist Regulations  
Dental, New License Instructions  
Dentist Written, Take-Home Law Examination  
Health Occupations Revision Act (HORA)

## SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing dentistry licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing dentistry and dental hygiene are included in *DC Municipal Regulations Title 17, Chapters 40, 41, 42 and 43*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Dentistry if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

### SUMMARY OF DENTAL HYGIENIST LICENSURE REQUIREMENTS

License Type	Application Method	Signed Application	Two 2" x 2" Photos	Character Reference List	Official Transcript (No Copies)	DC "Take Home" Law Exam Answer Sheet <sup>1</sup>	Certificate from CDDA & CERP	Official National Board of Dental Hygiene Exam Results (No Copies)	Official NERB Exam Results <sup>2</sup>	Certified Letters of Good Standing <sup>3</sup> (if applicable)	Name Change	Check or Money Order <sup>5</sup>
HYG	Endorsement	X	X	X	X	X		X	X	X	X	X
HYG	Examination	X	X	X	X	X		X	X	O	X	X
HYG/A&N	Endorsement	X	X	X	X	X	X	X	X	X	X	X
HYG/A&N	Examination	X	X	X	X	X	X	X	X	O	X	X

**X = Required**

**O = Not required**

<sup>1</sup>The DC Dental Hygiene "Take Home" Law Exam should be included in this application packet. Make sure you have the correct exam and complete the correct answer sheet for your license type.

<sup>2</sup>You may contact NERB to apply for and schedule your exam while your license application is pending. Applicants may only rely on scores of NERB exams taken within the ten (10) year period prior to the date of application.

<sup>3</sup>Certified letters of good standing from all states/jurisdictions are required only if the applicant is licensed in other state(s)/jurisdiction(s).

<sup>5</sup>Check or money order MUST be made payable to D.C. Treasurer